MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

07086

Reg. Dist. No. 902

1. PLACE OF DEATH:
County: Kent Co. Almshouse
City or town: (Kent) Chestertown, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 12 years.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution? 12 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Kent
City or town: Rock Hall
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: William Coleman

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years	Months	Days	If less than one day
88 yr.			..... hrs. ..... min.

9. Birthplace: Massey, Maryland. (Town, county, and state)
10. Usual occupation: Laborer.
11. Industry or business:
FATHER 12. Name: Not known
13. Birthplace: " "
MOTHER 14. Maiden name: Not known.
15. Birthplace: " "
18. Informant:
Address:
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 12, 1946. (month) (day) (year)
Cemetery or crematory: Almshouse Grave Yard.
Location: Near Chestertown, Md.
18. Funeral director: J. B. Sutton.
Address: Chestertown, Md.
19. July 12, 1946 (Date rec'd by registrar) Clara L. Barnes Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 10 1946, at 5 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1946, to July 10 1946, and that I last saw him alive on July 9 1946.

Immediate cause of death	DURATION
Uremia	3 days
Due to Chr. Interstitial nephritis	18 years
Due to Chr. Hypertension	10 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Merritt Bacon M. D. or other
Address: Millington, Md. Date signed: July 11 1946

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

CERTIFICATE OF DEATH

07087

Reg. Dist. No. 701

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Kent
City or town Tolchester Beach
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life time
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Worton RR md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Mary Martina Cotton

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col	widowed

8.(b) Name of husband or wife Isaac Cotton
deceased 8.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May. 14. 1876

8. AGE: Years	Months	Days	If less than one day
70	5	14	..... hrs. ..... min.

9. Birthplace Kent Co. Md
(Town, county, and state)
10. Usual occupation Worked in Packing House
11. Industry or business Process Fruit
FATHER 12. Name Alex Martinez
13. Birthplace Kent Co Md
MOTHER 14. Maiden name Jane Phillips
15. Birthplace Kent Co Md
16. Informant Daniel Thurlow
Address Worton RR. Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 2 46 (month) (day) (year)
Cemetery or crematory Colemans
Location near Worton Md
18. Funeral director RR Fellows
Address Still Pond Md
19. July 2 1946 (Date rec'd by registrar) J M Elsom Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1946, at 10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 13 1946, to July 16 1946 and that I last saw h.r alive on July 16 1946

	DURATION
Immediate cause of death	
Acute Myocarditis	4 days
Due to	
Due to Arteriosclerosis	yrs
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank W Smith M. D. or other
Address Chestertown Date signed July 17 46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

7088

Reg. Dist. No. 203

1. PLACE OF DEATH:

County: Kent

City or town: Rock Hall Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Piney Neck

Hospital, Institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Rock Hall Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Piney Neck
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Robert Burns Creighton

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Elizabeth Creighton

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Jan 21 1868

8. AGE:

Years	Months	Days	If less than one day
78	4	27	...hrs. ...min.

9. Birthplace: South Carolina
(Town, county, and state)

10. Usual occupation: Farming

11. Industry or business: self

FATHER
12. Name: Hiram L. Creighton
13. Birthplace: S-Carolina

MOTHER
14. Maiden name: Mary Jane Means
15. Birthplace: S.-Carolina

16. Informant: Mr John Kelly
Address: Rock Hall Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/21/46 (month) (day) (year)

Cemetery or crematory: Wesley Chapel

Location: Rock Hall Md

18. Funeral director: Edgar L. Lane

Address: Church Hill Md.

19. July 20 19 46 S. Elwood Burgess
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 18 1946 at 12 50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/11 1946 to 7/18 1946 and that I last saw h...alive on 7/17 1946

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Paralysis 2 d/t	
Due to Hypertension &	
Arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE: Oliver A Burgard M. D. ~~or other~~

Address: Rock Hall, Md Date signed 7/19/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (22-1)

CERTIFICATE OF DEATH

07089

Reg. Dist. No. 203

1. PLACE OF DEATH:

County: Kent

City or town: Rock Hall Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, Institution, or street address where death occurred: Piney Neck

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Rock Hall Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Piney Neck
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: John James Crouch

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Wh.	Married

6.(b) Name of husband or wife: Mary Crouch

6.(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): Aug 1 1863

8. AGE:	Years	Months	Days	If less than one day
	82	11	20	...hrs. ...min.

9. Birthplace: Rock Hall, Md.
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: Oyster Packer

FATHER — 12. Name: J. W. Crouch

FATHER — 13. Birthplace: Rock Hall, Md

MOTHER — 14. Maiden name: Radley Wrenn

MOTHER — 15. Birthplace: Baltimore, Md

16. Informant: Mrs Mary Crouch
Address: Rock Hall Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/25/46 (month) (day) (year)

Cemetery or crematory: Wesley Chapel

Location: Rock Hall Md.

18. Funeral director: Edgar L. Lane.

Address: Church Hill Md.

19. 7/22 1946 (Date rec'd by registrar) S. Elwood Burgard. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 21 1946 at 4 40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 7 1946 to July 21 1946 and that I last saw h... alive on July 21 1946

Immediate cause of death	DURATION
old age	
chron Endo - Myocarditis	
Due to decompensation	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —

— Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE: Albert A Burgard M. D. or other

Address: Rock Hall Md Date signed 7/21/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15


JUL 25 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (462)

07090

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:

County: Kent

City or town: Kennedyville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 45 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent Md

City or town: Kennedyville
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Annie Naudain Cross

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: William Rankin Cross

6.(c) If single give age: 1877 years

7. Birth date of deceased (mo., day, yr.): April 17 1877

8. AGE: Years: 69 Months: 2 Days: 29 If less than one day: hrs. min.

9. Birthplace: Middletown Delaware
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business:

FATHER — 12. Name: Robert T. Cochran

FATHER — 13. Birthplace: Delaware

MOTHER — 14. Maiden name: Lydia Naudain

MOTHER — 15. Birthplace: Delaware

16. Informant: Mrs. Edward Cross

Address: Kennedyville

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 19 1946 (month) (day) (year)

Cemetery or crematory: Sebrewsbury

Location: near Kennedyville Md

18. Funeral director: B R Fellows

Address: Still Pond Md

19. July 19 1946 (Date rec'd by registrar) J McCauley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 16 1946 at 5.10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1941 to July 16 1946 and that I last saw h[illegible] alive on June 16 19[illegible]

Immediate cause of death	DURATION
Carcinoma of Bowel	5 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Lewis W Smith M. D. or other

Address: Chestertown Date signed 7/19/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (9-6)

07091

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:

County: Kent

City or town: Millington

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 mos.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Kent

City or town: Rock Hall

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Josephine Diehl

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widow

6.(b) Name of husband or wife: John Diehl

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 30 - 1865

8. AGE: Years	Months	Days	If less than one day
80			hrs. min.

9. Birthplace: Del

(Town, county, and state)

10. Usual occupation:

11. Industry or business: Home Wife

FATHER 12. Name: Robert W. Porter

13. Birthplace: Del

MOTHER 14. Maiden name: Margaret Taylor

15. Birthplace: Del

16. Informant: John R. Diehl

Address: Felton Del

17. Burial (Burial, cremation, or removal. Which?) Date thereof: (month) (day) (year) Aug 1-46

Cemetery or crematory: Wesley Chapel 1-46

Location: Rock Hall

18. Funeral director: C. A. Lane

Address: Rock Hall

19. Aug. 1, 1946 (Date rec'd by registrar) Edw. Tellers Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 25th 1946, at 9 00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1st 1946, to July 25th 1946 and that I last saw her alive on July 25th 1946

Immediate cause of death	DURATION
Myocardial Disease	1 yr.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: G. H. Copeland M. D. or other

Address: Millington Date signed: Aug 1 46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-P

07692

CERTIFICATE OF DEATH

Reg. Diat. No. 201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Kent
City or town: Worton point
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? whole life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Worton point
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Joseph Matthew Hynson

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	married

6.(b) Name of husband or wife: Rosie Rusm
6.(c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): Sept. 29 - 1868

8. AGE:

Years	Months	Days	If less than one day
77	9	17	hrs. min.

9. Birthplace: Worton point Md (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business
FATHER 12. Name: Anthony Hynson
13. Birthplace: Worton Md
MOTHER 14. Maiden name: Frances Stevens
15. Birthplace: Baltimore
16. Informant: Rosie Hynson
Address: Worton Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 19 1946 (month) (day) (year)
Cemetery or crematory: St George
Location: Worton Point Worton Md
18. Funeral director: B K Freeburn
Address: Still Pond Md.
19. July 19 1946 (Date recd by registrar) J W Clark Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 16 1946, at 1 P. M.
21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from Nov. 1943, to July 8 1946 and that I last saw h.. alive on July 8 1946

	DURATION
Immediate cause of death: Chronic Nephritis	
Due to: Heart Disease	6 years
Due to: Syphilis	3 "
Other conditions: Senility, Insane	

(Include pregnency within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Paul W Lewis M. D. or other
Address: Queenstown Date signed: 7/19/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

07469

Reg. Dist. No. 204

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Kent

City or town: Near Fairlee

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Kent

City or town: near Fairlee

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: no

3.(a) FULL NAME: Harry Piper Jones

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widowed

6.(b) Name of husband or wife: Minnie Corey Jones

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 26, 1855

8. AGE: Years	Months	Days	If less than one day
91	I	7	hrs. min.

9. Birthplace: New Hampshire (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER — 12. Name: Croydon Jones

FATHER — 13. Birthplace: New Hampshire

MOTHER — 14. Maiden name: Abigail G. Piper

MOTHER — 15. Birthplace: New Hampshire

16. Informant: Mr. C.C. Jones (son)

Address: Chestertown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 5 1946 (month) (day) (year)

Cemetery or crematory: Saint Paul Cem

Location: Kent Co. Maryland

18. Funeral director: J. Willis Wells

Address: Chestertown, Maryland

19. July 4 1946 (Date rec'd by registrar) F. W. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 2nd 1946, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940, to July 2 1946

and that I last saw h[illegible] alive on July 2 1946

	DURATION
Immediate cause of death	
Due to: Cerebral arterial Thrombosis & Coma	2 Weeks
Due to: Senile Psychosis	
Other conditions: Malnutrition	
Incontinence for 10 days	

(Include pregnancy within 3 months of death)

Major findings of operations: failed to

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Fred N. Smith M. D. or other

Address: Chestertown Date signed 7/3/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07093

Reg. Dist. No. 203

1. PLACE OF DEATH:

County: Kent

City or town: Rock Hall Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, Institution, or street address where death occurred: Kinnears Neck

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Rock Hall Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Kinnears Neck

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Mary Malinda Kendall

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
fem.	White	widowed

6.(b) Name of husband or wife: Wm Kendall

8.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 2 1875

8. AGE:	Years	Months	Days	If less than one day
	71	2	21	..... hrs. ..... min.

9. Birthplace: Rock Hall, Md (Town, county, and state)

10. Usual occupation: House work

11. Industry or business: own home

FATHER — 12. Name: John Blackiston

FATHER — 13. Birthplace: Kent Co, Md

MOTHER — 14. Maiden name: Martha Jones

MOTHER — 15. Birthplace: Kent Co, Md

16. Informant: George Kendall

Address: Rock Hall, Md

17. Burial, cremation, or removal. Which? Burial Date thereof: July 24 46 (month) (day) (year)

Cemetery or ~~crematory~~: Wesley Chapel

Location: Rock Hall, Md

18. Funeral director: Edgar L. Lane

Address: Columbia Hill Md.

19. 7/24 19 46 (Date rec'd by registrar) S. Elwood Bunting Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 23 19 46 at 12 15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/21 19 46, to 7/23 19 46 and that I last saw h~~im~~ alive on 7/21 19 46

Immediate cause of death	DURATION
chron Endo-Myocarditis	
cong. fracture	
Due to Hypertension,	
Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Albert A Burgard M. D. or other

Address: Rock Hall, Md Date signed: 7/23/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15


RECEIVED
JUL 25 1946

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (135-2)

07094

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH:
County Kent
City or town Rock Hall (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all life
Hospital, institution, or street address where death occurred: Ferry Way Landing - Gratitude - Rock Hall
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Kent
City or town Rock Hall (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war —

3.(a) FULL NAME Alfred W. Le Compte

3.(b) Social Security Number 218-14-1881

4. Sex M
5. Color or race W
6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Ethel Lee Le Compte
6.(c) If alive, give age 30 years
7. Birth date of deceased (mo., day, yr.) April 20 1914
8. AGE: Years 32 Months 3 Days 6 If less than one day ... hrs. ... min.
9. Birthplace Rock Hall Kent Co. Maryland (Town, county, and state)
10. Usual occupation Mechanic
11. Industry or business Kent Seafood Co.
FATHER 12. Name W. B. Le Compte
13. Birthplace Rock Hall, Maryland
MOTHER 14. Maiden name Adline Hague
15. Birthplace Rock Hall, Maryland
16. Informant Mrs. Alfred W. Le Compte
Address Rock Hall, Maryland
17. Burial (Burial, cremation, or removal, Which?) Date thereof 7/29/46 (month) (day) (year)
Cemetery or ~~crematory~~ Wesley Chapel - Rock Hall
~~Location~~ Marvin V. Williams
18. Funeral director Chestertown, Maryland
Address
19. 7/29 19 46 S. Elwood Brogan (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1946 at 7:00 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...; and that I last saw h... alive on ... 19...
[illegible handwriting]
Immediate cause of death Fracture Skull — DURATION
Due to [illegible]
Due to Accident
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations None
Date of op.
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of [illegible]
Where did injury occur? Near Rock Hall Md (City or town) (County) (State)
Injured at home, farm, industry, public place (where) Industry
Means of injury [illegible] Injured at work? Yes
[illegible]
23. SIGNATURE [illegible] M.D. or other
Address [illegible] Date signed July [illegible] 46

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (22-d)

Reg. Dist. No. 201

CERTIFICATE OF DEATH

07095

1. PLACE OF DEATH:

(a) County Kent

(b) City or town Norton 2nd Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) 77 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Kent

(c) City or town Rural Norton 2nd
(If outside city or town limits, write RURAL and give town)

(d) Street No. ——
(If rural give location)

(e) If foreign born, how long in U. S. A.? —— years

3 (a) **FULL NAME** Susie A Lehmanowsky

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female | 5. Color or race White | 6 (a) ~~Single~~, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Carl H Lehmanowsky

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) aug 29 1869

8. AGE: Years 77 | Months 10 | Days 3 | If less than one day ____hr. ____min.

9. Birthplace Norton Point Norton 2nd
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business —

FATHER 12. Name James R Jones

13. Birthplace Kent Co Md

MOTHER 14. Maiden Name Mary Jane Shroyer

15. Birthplace Kent Co Md

16 (a) Informant 2nd Daggett

(b) Address Norton 2nd Rural

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof July 29 1946 (month) (day) (year)

(c) Cemetery or crematory Wesley Chapel

Location Near Rock Hall Md

18 (a) Funeral director B & R Fellows

(b) Address Still Pond Md

19 (a) July 29-46 (Date rec'd by registrar) (b) J M Clark Registrar

MEDICAL CERTIFICATION

20. Date of death July 26 1946, at 2.20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1944, to July 26 1946, and that I last saw him alive on July 26 1946

Immediate cause of death	Duration
(a) Subdural Cerebral	2 days
Due to	
Due to (b) Cerebral Endarteritis	4 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Ruddell Smith M. D. or other

Address Chestertown Date signed 7/26/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1)

CERTIFICATE OF DEATH

07096

Reg. Diat. No. 202

1. PLACE OF DEATH:
County: Kent
City or town: Chestertown (If outside city or towo limits, write RURAL and give nearest town)
How long in above place of death? 60 years
Hospital, institution, or street address where death occurred: Kent & Queen Annes Hospital
How long in hospital or institution? 34

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Chestertown (If outside city or town limits, write RURAL and give nearest town)
Street No.: High Street (If rural, give LOCATION)
2.(a) If veteran, name war: no

3.(a) FULL NAME: Etha A. Nicholson

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Harry B. Nicholson
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 1, 1878

8. AGE: Years	Months	Days	If less than one day
68	4	13	..... hrs. ..... min.

9. Birthplace: Galena, Kent, Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: William Van Sant
13. Birthplace: Galena, Kent Co., Md.

MOTHER
14. Maiden name: Ella Taylor
15. Birthplace: Chestertown, Kent Co., Md

16. Informant: Hosp. Records
Address: Chestertown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 16, 1946 (month) (day) (year)
Cemetery or crematory: Chester Cem
Location: Chestertown, Md.

18. Funeral director: J. Willis Wells
Address: Chestertown, Md.

19. July 15, 1946 (Date received by registrar) Clara D. Barnes, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 13, 1946, at 3:12 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 9, 1946 to July 13, 1946 and that I last saw her alive on July 13, 1946

Immediate cause of death	DURATION
Cardio vascular-renal disease	Several years
Due to: Hypertension	Several years
Due to:	
Other conditions: Diabetes	4 years
Fibroma uteri	Several years

(Include pregnancy within 3 months of death)

Major findings of operations: Fibroma uteri
Date of op. 6-10-46
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: A. L. Sick, M.D. (M. D. or other)
Address: Chestertown, Md. Date signed: 7-13-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (926)

CERTIFICATE OF DEATH

07097

Reg. Dist. No. 200

1. PLACE OF DEATH:
County: Kent
City or town: Millington
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Kent
City or town: Millington
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Clarence Ricketts

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug 2 1891

8. AGE: Years: 54 | Months | Days | If less than one day: hrs. min.

9. Birthplace: Millington (Town, county, and state) Md.
10. Usual occupation: Farm Labor
11. Industry or business

FATHER
12. Name: James Ricketts
13. Birthplace: Md

MOTHER
14. Maiden name: Elizabeth Johns
15. Birthplace: Md

16. Informant: Mrs. Clarence Ricketts
Address: Millington Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof: July (month) 31 (day) 1946 (year)
Cemetery or crematory: Millington
Location: Millington Md.

18. Funeral director: Edward Tellous
Address: Millington Md.

19. July 31, 1946 (Date rec'd by registrar) Edward Tellous Registrar
Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 29 1946, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 20 1946 to July 29 1946 and that I last saw h... alive on July 29 1946

Immediate cause of death	DURATION
Mitral Insufficiency	1 yr.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury. Injured at work?

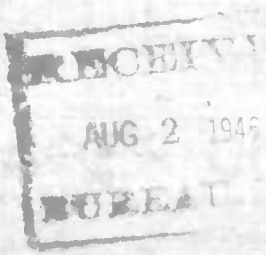
23. SIGNATURE: G. L. Copeland M. D. or other
Address: Millington. Date signed: July 31 1946

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15


AUG 2 1946


AUG 2 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

07098

Reg. Dist. No. 202

1. PLACE OF DEATH:
County: Kent
City or town: Chestertown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all life
Hospital, institution, or street address where death occurred: 100 Bartlys alley
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent.
City or town: Chestertown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: William Henry Rochester

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	c	Widowed

6.(b) Name of husband or wife: (Late) Lottie Rochester
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 15 1843

8. AGE:

Years	Months	Days	If less than one day
103	1	12	..... hrs. ..... min.

9. Birthplace: Rock Hall Kent Co. Maryland
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Yard Man
FATHER 12. Name: Wm Rochester
FATHER 13. Birthplace: Unknown
MOTHER 14. Maiden name: Tena Young
MOTHER 15. Birthplace: Unknown
16. Informant: Mrs Annie Robinson (Daughter)
Address: 2273 E. 71st St. Cleveland, Ohio.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/30/46 (month) (day) (year)
Cemetery or crematory: Shanktown
Location: Rock Hall, Kent Co. Maryland
18. Funeral director: Marion V. Williams
Address: Chestertown Maryland.
19. July 30 1946 (Date rec'd by registrar) Chas. L. Barnes Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 27 1946, at 2:40 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 26, 1946 to July 27, 1946, and that I last saw him alive on July 26, 1946.

Immediate cause of death	DURATION
Renal senile degeneration with collagenative	
Due to diarrhoea	6 days.
Due to Chronic Myocarditis, of indeterminate duration.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Harvey L. Todd M.D.
Address: Chestertown, Md. Date signed: July 29, '46.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (462)

CERTIFICATE OF DEATH

07099 203

Reg. Diat. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Kent

City or town: Piney Neck - near Rock Hall

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Kent

City or town: Rock Hall Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Piney Neck

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: John E. Rollison

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife: MARY E. ROLLISON

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 7, 1880

8. AGE: Years	Months	Days	If less than one day
66	5	25	hrs. min.

9. Birthplace: Kent Co. Md. (Town, county, and state)

10. Usual occupation: waterman

11. Industry or business

FATHER — 12. Name: Wm. Rollison

FATHER — 13. Birthplace: Maryland

MOTHER — 14. Maiden name: Perthunia Ashley

MOTHER — 15. Birthplace: Maryland

16. Informant: MARY E. ROLLISON

Address: Rock Hall, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 3. 1946 (month) (day) (year)

Cemetery or crematory: Ashley's Cem. (private)

Location: Piney Neck - Kent Co. Maryland

18. Funeral director: J. Willis Wells

Address: Chestertown, Md.

19. 7/2/ 1946 (Date rec'd by registrar) S. Elwood Burgess Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 1 1946 at 1.40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1944 to July 1 1946 and that I last saw h— alive on June 30 1946

Immediate cause of death	DURATION
Ca of rectum	
Carcinomatosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. —

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE: Albert A Burgard M. D. or other

Address: Rock Hall Md Date signed 7/2/46.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

07100

Reg. Diat. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Kent

City or town: Not Chestertown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all life

Hospital, institution, or street address where death occurred: 107 Kent St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State: Maryland County: Kent

City or town: Chestertown

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 107 Kent St.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Sayler W. Russum

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife: Saddie Eliz Russum

6.(c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): Nov. 18 1892

8. AGE:

Years	Months	Days	If less than one day
73	8	10	...hrs. ...min.

9. Birthplace: Queen Anne County, Maryland (Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business

FATHER

12. Name: John W. Russum

13. Birthplace: Queen Anne Co. Maryland

MOTHER

14. Maiden name: Unknown

15. Birthplace: Unknown.

16. Informant: Mrs. Homer W. Russum

Address: Chestertown, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7/31/46 (month) (day) (year)

Cemetery or crematory: Ridgely Cemetery

Location: Ridgely Maryland

18. Funeral director: Marvin J. Wilkins

Address: Chestertown Maryland.

19. July 30 1946 (Date rec'd by registrar) Clara L. Barnes Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 28 1946 at 7:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 28 1946 to July 28 1946

and that I last saw him alive on July 28 1946

Immediate cause of death	DURATION
Coronary Thrombosis	sudden
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: H. G. Simpers M. D. or other

Address: Chestertown Date signed: 7-2 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07101

Reg. Dist. No. 202

1. PLACE OF DEATH:
County: Kent
City or town: Chestertown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Chestertown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: John G. Schauber

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widowed

6.(b) Name of husband or wife: Theresa Schauber
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct. 5th. 1852

8. AGE: Years	Months	Days	If less than one day
93	9	20	..... hrs. ..... min.

9. Birthplace: Germany (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business

FATHER
12. Name: John G. Schauber
13. Birthplace: Germany

MOTHER
14. Maiden name: Anna Lassner
15. Birthplace: Germany

16. Informant: Mrs. Arthur Coleman
Address: Chestertown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 29, 1946 (month) (day) (year)
Cemetery or crematory: Chester Cem.
Location: Chestertown, Md.

18. Funeral director: J. Willis Wells
Address: Chestertown, Md.

19. July 26 1946 (Date rec'd by registrar) Clara L. Barnes, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 25 1946, at 11 00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1946 to March 25 1946 and that I last saw h[illegible] alive on March 25 1946

Immediate cause of death: Organic heart trouble Cerebral edema — DURATION

Due to:

Due to:

Other conditions: deaf, and blind

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H P Copeland M. D. or other
Address: Chestertown Md. Date signed: 7-26-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15